Chapter 1

Connecticut's HIV Prevention Community Planning Group (CPG)

Welcome to the Connecticut CPG

HIV prevention community planning is a collaborative process by which the Connecticut Department of Public Health (DPH) works in partnership with the Connecticut HIV Prevention Community Planning Group (CTCPG) to develop a comprehensive HIV prevention plan that best represents the needs of populations at risk for, or infected with, HIV.

OVERVIEW: HIV PREVENTION COMMUNITY PLANNING

The CDC provides HIV prevention funding to 65 health departments in the form of cooperative agreements. These recipients include all 50 state health departments, the District of Columbia; the health departments of Chicago, Houston, Los Angeles, New York City, Philadelphia, and San Francisco; Puerto Rico, the U.S. Virgin Islands and six U.S.- affiliated Pacific Islands.

Beginning in 1994, the CDC changed the way in which federally funded state and local level HIV prevention programs were planned and implemented. State, territorial, and local health departments receiving federal prevention funds through the CDC were asked to share the responsibility for developing a comprehensive HIV prevention plan with representatives of affected communities and other technical experts. This lead to the development of a process called **HIV Prevention Community Planning**.

The basic intent of the HIV Prevention Community Planning process is to:

- **increase meaningful community involvement in prevention planning,**
- **improve the scientific basis of program decisions, and,**
- **target resources to those communities at highest risk for HIV transmission/acquisition.**

CONNECTICUT HIV COMMUNITY PLANNING

The purpose of Connecticut's community planning process is for the populations most at-risk for HIV infection, and those affected by HIV/AIDS, to provide input to the DPH about HIV prevention needs and effective prevention interventions. In addition, these populations also provide guidance regarding the distribution of HIV prevention dollars among prioritized at-risk populations throughout the state. This is accomplished through the **Connecticut HIV Prevention Community Planning Group (CPG)**.

The Connecticut CPG began its work in April of 1994, and, by the following September, the first HIV Prevention Plan for the State of Connecticut was written. In October of 1994, the Connecticut Department of Public Health (DPH) sent its 1995 HIV Prevention Application for funding along with the CPG's 1995 Comprehensive Prevention Plan to the CDC with a request for $4.1 million of federal HIV prevention funding.

Since 1994, DPH has submitted twelve applications, along with the corresponding CPG HIV Prevention Plan, to the CDC for funding. Current federal HIV prevention dollars for Connecticut total $6.5 million.

The CDC supports this process by providing funding and making technical assistance available to develop the capacity of Connecticut's community planning group. CDC expects HIV prevention community planning groups to improve HIV prevention programs by strengthening the: (1) scientific basis, (2) community relevance, and (3) population-or-risk-based focus of HIV prevention interventions in each project area.

CDC HIV PREVENTION STRATEGY

HIV Prevention Community Planning plays an integral role in achieving the goals of CDC's HIV Prevention Strategic Plan Through 2005 to:

"*Reduce the number of new HIV infections in the United States from an estimated 40,000 per year to 20,000 per year by 2005, focusing particularly on eliminating racial and ethnic disparities in new HIV infections."*

To accomplish the goals of the HIV Prevention Strategic Plan, CDC expects to:

- Decrease by at least 50% the number of persons in the United States at high risk for acquiring or transmitting HIV infection by delivering targeted, sustained, and evidence-based HIV prevention activities,
- Increase, through voluntary counseling and testing, the proportion of HIV-infected people in the United States who know they are infected from the current estimated 70% to 95%,
- Increase the proportion of HIV-infected people in the United States who are linked to appropriate prevention, care and treatment services from the current estimated 50% to 80%, and,
- Strengthen the capacity nationwide to monitor the epidemic, develop and implement effective HIV prevention interventions, and evaluate prevention programs.

Two major components from this strategic plan must be considered by all CPGs: (a) targeting populations for which HIV prevention activities will have the greatest impact, and, (b) reducing HIV transmission in populations with highest incidence. CPGs are also required to consider the unique issues related to providing HIV prevention for persons living with HIV/AIDS (PLWHA).

CDC GUIDANCE

The CDC *Guidance for HIV Prevention Community Planning* functions as a blueprint for HIV prevention planning. It also provides direction to CDC grantees receiving federal HIV

prevention funds to design and implement a participatory HIV prevention community planning process. The CDC has set three major goals for Community Planning:

1. **Community planning supports broad-based community participation in HIV prevention planning.**
2. **Community planning identifies priority HIV prevention needs (a set of priority targeted populations and interventions for each identified target population) in each jurisdiction.**
3. **Community planning ensures that HIV prevention resources target priority populations and interventions set forth in the comprehensive HIV prevention plan.**

The Guidance further outlines the following eight objectives, which align with the three goals, as a framework for monitoring and measuring progress in achieving a reduction of new HIV infections and reduced HIV-related morbidity:

- Implement an open recruitment process (outreach, nominations, and selection) for CPG membership.
- Ensure that the CPG(s) membership is representative of the diversity of populations most at risk for HIV infection and community characteristics in the jurisdiction, and includes key professional expertise and representation from key governmental and non-governmental agencies.
- Foster a community planning process that encourages inclusion and parity among community planning members.
- Carry out a logical, evidence-based process to determine the highest priority, population-specific prevention needs in the jurisdiction.
- Ensure that prioritized target populations are based on an epidemiological profile and a community services assessment.
- Ensure that prevention activities/interventions for identified priority target populations are based on behavioral and social science, outcome effectiveness, and/or have been adequately tested with intended target populations for cultural appropriateness, relevance, and acceptability.
- Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and the Health Department Application for federal HIV prevention funding.
- Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and funded interventions.

HIV Prevention Community Planning is one of nine required essential components of a comprehensive HIV prevention program. The primary task of the CPG is to develop a Comprehensive Prevention Plan that includes prioritized target populations and a mix or set of proven effective prevention activities or interventions for each target population. Once the Comprehensive HIV Prevention Plan is developed, the DPH uses it as a basis for writing its

application for funding under the Cooperative Agreement between the State of Connecticut and the CDC. The CPG then reviews the application and sends one of three letters to the CDC. The first option is a letter supporting the health department's application (called a "Letter of Concurrence"). The second is a letter of dissatisfaction with the health department's application (called a "Letter of Non-concurrence"), and the third is a letter of concern with the health department's application (called a "Letter of Concurrence with Reservations").

HIV Prevention Community Planning is a flexible, but accountable process based on shared decision making between the Connecticut Department of Public Health and the Connecticut CPG. It involves participation, collaboration, cooperation, inclusion, parity and representation. Connecticut's planning process plays a key role in stemming the tide of HIV/AIDS throughout the state.

Core Objectives

This chapter describes the Connecticut CPG's efforts in fulfilling five of the ten *Guiding Principles of HIV Prevention Community Planning:*

Goal 2: *The community planning process must reflect an open, candid and participatory process, in which differences in cultural and ethnic background, perspective, and experience are essential and valued;*

Goal 3: *The community planning process must involve representatives of populations at greatest risk for HIV infections and people living with HIV and AIDS (PLWHA);*

Goal 4: *The fundamental tenets of community planning are parity, inclusion and representation (PIR);*

Goal 5: *An inclusive community planning process includes representatives of varying races and ethnicities, genders, sexual orientations, ages and other characteristics such as varying educational backgrounds, and expertise; and,*

Goal 6: *The community planning process must actively encourage and seek out community participation.*

OPENNESS AND PARTICIPATORY NATURE – CPG MEMBER PARTICIPATION

Currently, the CPG is comprised of 26 members and 8 advisors who are representative of the cultural and geographic diversity of the epidemic in Connecticut. Members and advisors are expected to actively participate in all CPG-related meetings, events and activities. All CPG members and advisors serve on at least one of the three standing committees. To encourage participation in the community planning process by all CPG members, advisors and members of the public, the CPG holds its monthly meetings at different locations throughout the state. In December 2003, the CPG's Executive Committee also decided to hold its monthly meetings in various locations throughout the state (e.g. Hartford, Waterbury, Meriden, Willimantic and New Haven). During the 2003-2004 planning year, the CPG met twelve times throughout the state.

(See Figure 1-1 and Figure 1-2). In 2005**,** CPG monthly meetings will continue to be conducted at various locations throughout the state.

The CPG also supports its membership by working to eliminate potential barriers to participation. Members who are unemployed or who lose wages by attending meetings are eligible to receive a stipend. All members are eligible for mileage, transportation, and childcare reimbursements. For members and advisors who do not have reliable or available transportation to meetings, the CPG contractor provides alternate arrangements.

Members are also encouraged to carpool and provide rides for each other. The CPG works constantly to improve communications by maintaining: (1) a national toll-free telephone number (877-570-1118) that enables members to contact the CPG's central office at no cost, and, (2) a website (www.connhivcpg.com), which contains information about membership, publications, and monthly meetings.

For CPG members who are deaf and hard of hearing, American Sign Language interpreters are provided at CPG meetings The CPG also purchased a portable sound system to make meetings more audible for CPG members and the public. During the 2005 cycle, Spanish translators and translation systems, as requested, will be made available at CPG meetings to assist CPG members for whom English is a second language.

Figure 1-1
CPG meeting sites: August 2003 through December 2003.

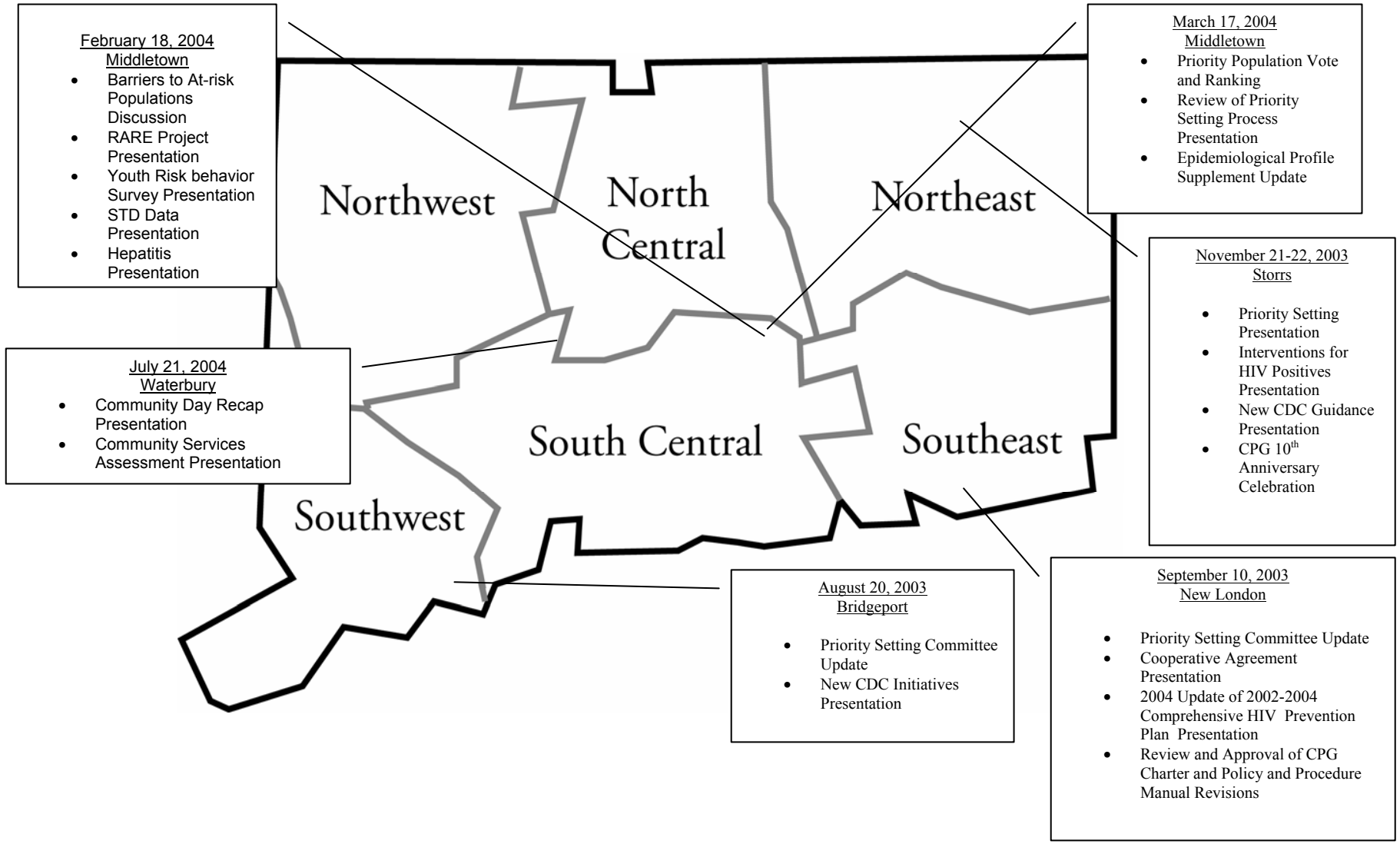
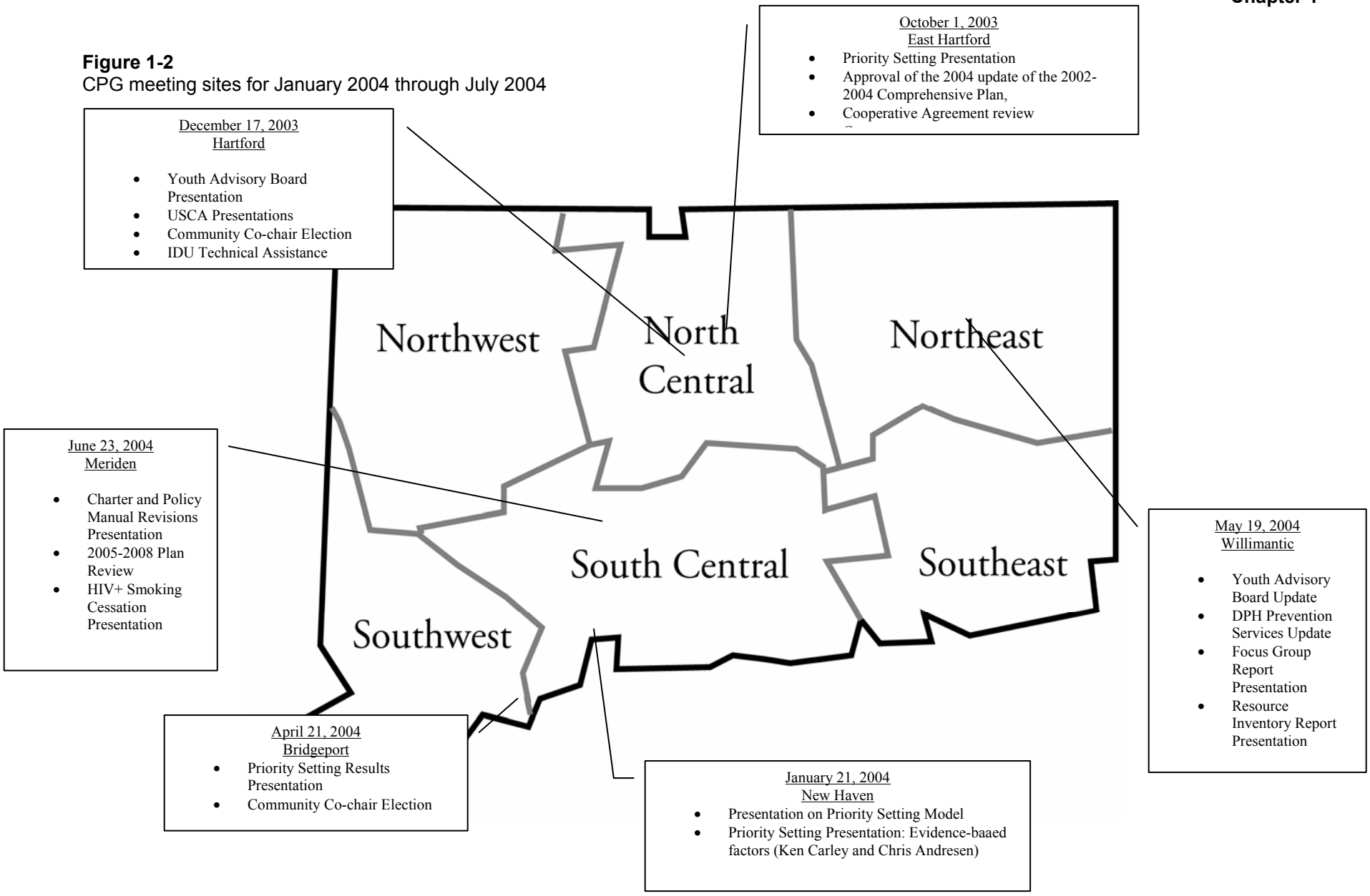


Figure 1-2
CPG meeting sites for January 2004 through July 2004



PUBLIC PARTICIPATION

Since it's inception, the Connecticut CPG has incorporated public input in several ways - public hearings, public comment periods during regular monthly meetings, focus groups, key informant interviews, and Community Days. Community Days, initiated in 1996, are a type of community hearing that involves a series of community meetings in a variety of settings on a given day in a given city. Community Days provide CPG members with the opportunity to travel to community sites and dialog with community members on their own "turf" (e.g. homeless shelters, youth centers, churches, syringe exchange programs, schools, and correctional institutions). Community Days also allow CPG members the chance to gather information about HIV risk behaviors, suggestions about unmet needs, and discuss "what will work to prevent HIV" in the respective community. The CPG plans to continue the practice of Community Days in 2005-2008.

On May 6, 2004, the CPG hosted a Community Day Event in Waterbury, Connecticut. Working in collaboration with the Planning and Policy Committee of the Greater Waterbury AIDS Consortium, the CPG's Membership, Parity, Inclusion, Representation and Evaluation (MPIRE) Committee sponsored events at New Opportunities, Inc. (a breakfast and three roundtable discussions on HIV prevention issues on HIV and the faith community, outreach services and services provided by the Waterbury Health Department). A luncheon and town hall meeting were held later in the day at Waterbury Hospital, where providers and persons living with HIV/AIDS will have an opportunity to speak up about prevention issues in their community. The daylong event was a collaborative effort co-sponsored by the CPG, New Opportunities for Waterbury, Inc., Waterbury Hospital, the Waterbury Health Department and the Waterbury AIDS Consortium. ***(See Community Day Summary in Appendix A)***

To further encourage public participation, the CPG also incorporates a public comment period in its monthly meeting agenda. This designated period not only gives members of the public an opportunity to bring concerns to the CPG, but also provides a forum for information sharing. While members of the public are not permitted to vote during CPG decision-making, they are always encouraged to take part in CPG committee meetings and activities.

The CPG publishes a monthly newsletter designed to keep interested members of the public, agencies and community-based organizations up-to-date on CPG happenings. *Meeting News and Notes* highlights major agenda items of the CPG monthly meeting as well as HIV/AIDS related announcements and activities. Monthly, the CPG contractor sends a mailing to more than 1100 Connecticut subscribers, as well as to interested individuals and organizations in several states. These mailings include the *Meeting News and Notes*, upcoming meeting agenda, and directions. ***(See sample Meeting News and Notes in Appendix A).***

To motivate public participation in the community planning process, the CPG also issues local media advisories concerning community planning related events. ***(See sample media advisory in Appendix A)***. To promote integration of prevention and care as well as encourage cross membership and participation, announcements regarding the CPG meetings and activities are also sent to Ryan White Title I Planning Councils in the Hartford and New Haven/Fairfield County Eligible Metropolitan Areas (EMA) and to the Ryan White Title II Statewide Consortium. The CPG also maintains its own website to compliment the existing DPH community planning web page. This website (www.connhivcpg.org), which features CPG-related materials (e.g. meeting schedules and directions and the Prevention Plan) and includes links to numerous resources for HIV prevention and the DPH AIDS and Chronic Diseases Division website (www.dph.state.ct.us/BCH/AIDS/HPAIDS.html)

CPG LEADERSHIP

Effective and participatory leadership is key to Connecticut's community planning process. Equal and shared responsibilities, mutual respect, collaboration and cooperation are trademarks of Connecticut's CPG leadership structure. Connecticut's CPG consists of a three co-chair format - two elected community co-chairs and a DPH designated representative.

From October 2001 until April 2004, Chris Andresen, a 15 year employee of the Department, served as the DPH Co-Chair. Chris has served as partner notification specialist in the CARE Program and as a program associate. From 1999-2003 he supervised prevention education services, and in 2003, with the reorganization of the AIDS Division into the AIDS and Chronic Disease Division, supervised the Planning Unit as well as the Cardiovascular Unit.

Bill Behan has been the DPH Co-Chair since April 2004. Bill currently oversees the Health Care Support Services and Data units of the AIDS and Chronic Diseases Division. He also functions as Assistant Division Director. In addition to his responsibilities as DPH Co-chair serves as the DPH Co-chair of the statewide Ryan White Planning Council. Bill has been with the AIDS Division for two and a half years and has worked in the HIV/AIDS field for twenty years.

The two Community Co-Chairs elected by the CPG are Brian Libert and Stephanie Lozada. Brian has been a CPG member since January 2000. He has served as community co-chair since 2002 and will complete his second term in October 2004. He was also the alternate chair of the CPG's Policy and Procedure Committee and has served on the Nomination Committee

and the Community Norms and Values Workgroup. Brian works as an HIV/AIDS outreach worker at Community Health Services in Hartford.

Stephanie Lozada is a Community Disease Prevention Counselor at Southwest Community Health Center in Bridgeport. A CPG member since October 2001, she has served on the Membership, Parity, Inclusion, Representation and Evaluation Committee (MPIRE) and was elected committee co-chair in July 2003. She was elected community co-chair in December 2003 to replace former community-co-chair who resigned because of work-related responsibilities.

Kathey Fowler is Director of Outreach Services with the Windham Regional Community Council (WRCC)/Outreach Services Program in Willimantic, CT. She has been a CPG member since April 2003 and served on the former Data Assessment and Analysis Committee. She was elected co-chair of the Community Services Assessment Committee in July 2003. Kathey was elected Community Co-chair elect in April 2004 and will assume the position currently held by Brian Libert after his term on the CPG ends in October 2004.

COMMITTEE STRUCTURE

The CT CPG has a clearly defined organizational structure, which currently includes three standing committees [Community Services Assessment (CSA), Finance, Policy and Procedures (FPP), Membership, Parity, Inclusion, Representation and Evaluation (MPIRE)], an Executive Committee, and specifically designated ad hoc committees (e.g. Priority Setting).

The governing body of the CPG is the Executive Committee. It meets on a monthly basis to discuss CPG business and strategize for the future. The Executive Committee is made up of nine members: the DPH Co-chair, two Community Co-chairs, and six standing committee chairpersons (2 co-chairs per each of the three committees). Committee co-chairs each have a vote on the Executive Committee. In January 2003, the CPG established an ad-hoc committee for priority setting, which completed its work in March 2004. The chair and co-chair of the Priority Setting Ad-hoc Committee also attended and participated at Executive Committee meetings during 2003-2004.

In April 2003, the CPG's Executive Committee approved a new proposal to restructure the CPG's six standing committees into three. The rationale behind restructuring from six to three committees was to: (1) provide more equal distribution of work among committees, (2) eliminate duplication of efforts, (3) promote more effective and efficient use of resources and better time management, (4) provide more people power and empowerment, (5) foster closer collaboration of "like" committees, (6) create better team building and partnering, (7) produce stronger and more focused outcomes, (8) focus on products, accountability, outcomes, monitoring and evaluation, and, (9) produce a smoother flow to the community planning process. The committee restructuring was approved by the full CPG at its June 2003 meeting and implemented in July 2003 ***(See Committee Responsibilities in Appendix A).***

The CPG committee structure now consists of the following three committees:

- **Community Services Assessment Committee (CSA):**
  Responsibilities: To collaborate with and provide input to the DPH in the development, collection, analysis, production, update and dissemination of a community services assessment (e.g. needs assessment, resource inventory and gap analysis) as part of the development of a comprehensive statewide HIV prevention plan.

- **Membership, Parity, Inclusion, Representation and Evaluation (MPIRE):**
  Responsibilities: To collaborate with the DPH to develop and apply criteria for the selection, interviewing and retention of CPG members and advisors, to ensure parity, inclusion and representation among the membership, to sponsor Community Days, and to oversee the evaluation of the community planning process.

- **Finance, Policy & Procedures (FPP):**
  Responsibilities: To consult with the contractor and DPH to review the annual budget and quarterly CPG expenditures, advise the CPG on cost-effectiveness of federal funds for HIV prevention, develop, review and make changes to the charter, bylaws and Policy and Procedure Manual, and recommend appropriate actions and positions for the CPG on various local and national HIV prevention related issues ***(see the Connecticut CPG's needle exchange policy statement in Appendix A).***

Each of the committees consists of two chairs that equally share roles and responsibilities. These co- chairs were elected at the July 2003 CPG meeting, were mentored for two months by the former committee chairs, and assumed leadership positions in October 2003.

Committees consist of between 7-16 members with the largest membership designated to the Community Services Assessment (CSA) Committee. The CPG Co-Chairs each serve on one committee, with the DPH chair designated to the Community Services Assessment Committee. In addition, The Parisky Group, as contractor also provides staffing for each committee.

CPG Executive Committee members and their related experiences

Member	Experience
Bill Behan 	***DPH Co-Chair*** – Bill Behan has been the DPH Co-Chair since April 2004. Bill currently oversees the Health Care Support Services and Data units of the AIDS and Chronic Diseases Division and functions as Assistant Division Director. He is also the DPH Co-chair of the statewide Ryan White Planning Council. Bill has been with the AIDS Division for two and a half years and has worked in the HIV/AIDS field for twenty years.
Chris Andresen 	***DPH Co-Chair*** – Chris Andresen served as DPH Co-Chair from January 2002 to July 2004. He was Chief of Prevention Education Services until July 2003 and was responsible for oversight of the Health Department's Heath Education Risk Reduction programs. Currently, Chris then supervised the HIV/AIDS Planning Unit, which oversaw community planning, coordinated and compiled the CDC application and progress reports and monitored the technical components of contractors' reporting status. Chris was named supervisor of the Cardiovascular Disease Unit in the AIDS and Chronic Diseases Division in April 2004.

Bernadette Brown

CPG Community Co-Chair – Bernadette served on the CPG from May 2001 to December 2003. She was elected Community Co-Chair in October 2002 and served in that capacity until her resignation in November 2003. Bernadette was a member of the Finance and Membership and Parity, Inclusion and Representation Committees. A Triage Specialist for the Central Area Education Health Center (AHEC) in Hartford, Bernadette also worked as a Ryan White Title Case Manager at the Urban League of Greater Hartford from 2002-2003.

Brian Libert

CPG Community Co-Chair – Brian Libert has been a CPG member since January 2000. He was elected Community Co-Chair in April 2002 and re-elected in April 2003. Brian's second term as community co-chair will conclude in October 2004. He was the alternate chair of the CPG's Policy and Procedure Committee and also served on the Nomination Committee and the Community Norms and Values Workgroup. Brian works as an HIV/AIDS outreach worker for Community Health Services in Hartford.

Stephanie Lozada

CPG Community Co-Chair - A CPG member since October 2001, Stephanie was elected Community Co-chair in December 2003. She has served on the Membership, Parity, Inclusion and Representation committee (MPIRE) and was elected co-chair of that committee in July 2003. Stephanie is a Community Disease Prevention Counselor at Southwest Community Health Center in Bridgeport, CT.

Kathey Fowler

CPG Community Co-Chair Elect – Kathey Fowler was elected Community Co-chair in April 2004 and the assume the position currently held by Brian Libert after a six-month mentoring period in October 2004. She has been a CPG member since April 2003 and served on the former Data Assessment and Analysis Committee. She was elected co-chair of the Community Services Assessment Committee in July 2003. Kathey is Director of Outreach Services with the Windham Regional Community Council (WRCC)/Outreach Services Program in Willimantic, CT.

Mark Bond-Webster

Community Services Assessment (CSA) Co-Chair - Mark served as a CPG advisor from October 2002 to April 2003 when he moved to CPG member status. He served on the Interventions and Resource Allocation committee and was elected co-chair of Community Services Assessment Committee in July 2003. Mark is a former Massachusetts CPG advisor and currently works as an AIDS Risk Reduction Outreach Worker with Perception Programs, where he does HIV prevention outreach to active drug users in Willimantic, CT.

Kathey Fowler

Community Services Assessment (CSA) Co-Chair - Kathey has been a CPG member since April 2003 and served on the former Data Assessment and Analysis Committee. She was elected co-chair of the Community Services Assessment Committee in July 2003. Kathey is Director of Outreach Services with the Windham Regional Community Council (WRCC)/Outreach Services Program in Willimantic, CT.

Leif Mitchell

Priority Setting Ad Hoc Committee Chair - Leif Mitchell has been a CPG member since October 1998. He served as community co-chair from April 2000 – September 2002, when he moved to advisor status. His advisor term will end In September 2004. Leif was elected the chair of the Priority Setting Ad Hoc Committee in February 2003. Leif is the Community Research Core Coordinator for the Center for Interdisciplinary Research on AIDS (CIRA) at Yale University.

Brian Goodrich

Priority Setting Ad Hoc Committee Co-Chair – Brian has been a CPG member since 2000 and served as chair of the Finance and Allocation Committee from February 2002 to September 2003. Previously he served on the CPG's Finance Committee and Needs Assessment Workgroup. Brian was elected the co-chair of the Priority Setting Ad Hoc Committee in August 2003. His term on the CPG will end in October 2004. Brian is the Program Manager for the statewide HIV prevention program in all 20 of the state's jails and prisons, where he seeks to institute a comprehensive HIV prevention program.

Edward Leduc

Finance, Policy and Procedures (FPP) Committee Co-Chair – Ed has been a CPG member since 2002 and has served on the Finance, Policy and Procedures Committee (FPP). He was elected co-chair of FPP in July 2003. Ed is also a member of the New Haven/Fairfield County Ryan White Title I Planning Council and the Center for Interdisciplinary Research on AIDS (CIRA) Community Board. Ed left the CPG in March 2003.

Louis Rudolph

Finance, Policy and Procedures (FPP) Committee Co-Chair – Louis has been a member of CPG since October 2002 and has served on the Policy and Procedures Committee. He was elected FPP Committee Co-chair in July 2003. Louis also serves on the New Haven/Fairfield County Ryan White Title I Planning Council and was elected Consortium co-chair of the Statewide HIV/AIDS Care Consortium in December 2003. Louis is a consumer organizer for the Connecticut AIDS Residence Coalition in Hartford, CT. Louis resigned as chair of the FPP Committee in April 2004.

Arka Mikel

Finance, Policy and Procedures (FPP) Committee Co-Chair – Arka has been a member of CPG since October 2002 and served on the Policy and Procedures Committee. He was elected FPP Committee Co-chair in July 2004. Arka works for the Willimantic Housing Authority in Willimantic, CT.

Gina D'Angelo

Finance, Policy and Procedures (FPP) Committee Co-Chair – Gina has been a member of CPG since October 2002 and has served on the Policy and Procedures Committee. She was elected FPP committee co-chair in April 2004. Gina was the HIV Education Coordinator at the Northwest Connecticut AIDS Project in Torrington, CT. Gina resigned from the CPG in July 2004 to accept a position in the Department of Public Health's AIDS and Chronic Diseases Division.

Richard Gonzalez

Finance, Policy and Procedures (FPP) Committee Co-Chair – Richard has been a member of CPG since April 2003 and has served on the Policy and Procedures Committee. He was elected FPP committee co-chair in April 2004. Richard is an outreach worker and works on the needle exchange van for the Bridgeport Health Department in Bridgeport, CT.

Albert Young

Membership, Parity, Inclusion, Representation and Evaluation Committee (MPIRE) Co-Chair – Albert was a CPG member from 1999 – 2001 and also served on the Executive Committee. He rejoined the CPG in 2002, served on the Evaluation Committee, and was elected co-chair of MPIRE in July 2003. Albert is a professional alcohol/drug counselor and educator and worked at Waterbury Hospital in Waterbury, CT. He currently works for the Rushford Center in Portland, CT.

Pamela Foster

Membership, Parity, Inclusion, Representation and Evaluation (MPIRE) Co- Chair – Pam has been a CPG member since 2003 and has served on the Membership, Parity, Inclusion, Representation and Evaluation Committee (MPIRE). She was elected co-chair of MPIRE in January 2004. Pam is a Health Program Associate with the Connecticut Department of Public Health AIDS and Chronic Diseases Division Prevention Clinical Services Unit.

RECRUITMENT AND ORIENTATION

During the 2003-2004 planning cycle, the Membership, Parity, Inclusion, Representation and Evaluation (MPIRE) Committee took on the task of recruiting new members for the CPG. Of particular interest to the committee was the recruitment of women, Latino/as, Native American,

Asian/Pacific Islanders, gay, lesbian and transgender individuals from the New London, Fairfield and New Haven counties. The committee conducted a quarterly review of the CPG's diversity chart, prepared by the CPG contractor, to help guide recruitment efforts **(TABLE 1-1).**

Information about current membership included on the diversity chart is collected from the original CPG member nomination forms and the annual CDC membership grid survey. Using the diversity chart, the committee identified populations needed by the CPG in order to reflect the epidemic in Connecticut. To ensure that the group's membership goals reflected the current statewide HIV/AIDS epidemic, the MPIRE committee also reviewed the best available HIV/AIDS data in the context of six of the seven CPG regions[1] **(TABLE 1-2)**, prioritized populations from the Comprehensive HIV Plan, and the considered expertise needed by the CPG to complete the community planning process.

In September 2003, the CPG approved Charter changes affecting the status of advisors. With these revisions in mind ***(See CPG Charter and Policy and Procedures in Appendix A)*****,** the MPIRE Committee decided to develop a Directory of Advisors, who could be called upon to provide consultation or technical assistance (TA) to the CPG. These advisors have expertise in such fields as health planning, evaluation, research, mental health, HIV Care and Social Services, state/local education, state/local health departments, group process, chemical dependency and others.

Unlike previous CPG advisors, the new advisors will only be required to attend meetings on an as needed basis, will have no term limits or voting rights on the CPG level, and will not be eligible for reimbursements or conferences. However, when a new advisor is requested to provide technical assistance to the CPG, that individual will then become eligible for reimbursements (e.g. stipend, travel, childcare). To maintain consistency during the advisor transition period (e.g. end of 2003 through the Fall of 2004), current CPG advisors were "grand fathered" through September 2004, and remained eligible for stipend/wage replacement, childcare, mileage reimbursement and conferences. ***(See Directory of Advisors in Appendix A).***
During the 2005 planning cycle, the MPIRE Committee will continue its recruitment of CPG members to better reflect the diversity of the epidemic in Connecticut and also refine its advisor directory to include additional expertise in behavioral and social sciences, as well as representatives of key non-governmental and governmental organizations providing prevention and care related services. The Connecticut CPG's overall membership goal is to recruit and retain 30 members. Currently, at least one member or advisor represents each CPG designated region. New members are selected on the basis of personal experience and community involvement, professional skills, knowledge of HIV prevention and care issues, commitment to HIV prevention and community planning, and a willingness to work in diverse groups on major initiatives. These membership characteristics are used as guidelines rather than requirements, and the CPG has worked tenaciously to bring its membership as close as possible to the criteria ***(See current list of CPG members in Appendix A).***

Currently, members are recruited through word of mouth, announcements at Ryan White I Eligible Metropolitan Area (EMA) Planning Council and Statewide Care Consortium meetings, direct mail via *News and Notes* and media advisories, and at regular CPG monthly meetings.

[1] The six regions include North Central (Hartford County), Northeast (Tolland and Windham Counties), Northwest (Litchfield County), South Central (New Haven and Middlesex Counties), Southeast (New London County) and Southwest (Fairfield County). The Department of Correction is recognized as the seventh region.

CPG MEMBERSHIP

To be considered for CPG membership, interested individuals must complete a nomination form and then participate in an interview conducted by members of the Membership, Parity, Inclusion and Evaluation Committee (MPIRE). Once potential members have completed the nomination process, the MPIRE Committee interviews and recommends candidates for approval to the entire CPG. During the 2003-2004 community planning cycle, the CPG received 26 nomination forms for potential members. The MPIRE Committee reviewed the nominations and scheduled interviews with 19 in August 2003, February 2004 and August 2004. Fifteen were recommended and approved by the CPG for membership positions.

Members have a term of office of two years beginning on either April 1 or October 1 and ending on March 31 or September 30, respectfully. No member may sit on the CPG for more than two consecutive terms (4 years), and after serving their second term, former members must wait one year before re-applying for member status.

ORIENTATION, MENTORING AND MEMBER TRAINING

Following each round of interviews, the CPG welcomes new members to the group with an orientation consisting of a five-hour comprehensive training that introduces them to the community planning process. Topics covered in the October 2003 and April 2004 orientations included perspectives on national and local community planning, the work of the CPG, the CDC Guidance, the role of DPH in the planning process, and group dynamics. CPG orientation is conducted in a small group interactive format facilitated by the contractor, DPH staff, and CPG members. Each orientation session is evaluated, and the results are used to improve future orientations. ***(See Orientation to Community Planning presentation in Appendix A)*.**

During orientation new members receive the following community planning related materials: AED's HIV *Prevention Community Planning: An Orientation Guide*, and *Setting HIV Prevention Priorities: A Guide for Community Planning Groups* workbook, the CDC Community Planning Guidance, CPG's Policy and Procedure Manual, the Connecticut HIV Prevention Comprehensive Plan, and the CPG bylaws.

The CPG continues to review and improve its mentoring program for new members. Recent member feedback concerning the mentoring program highlighted a lack of understanding on the part of both mentors and mentees about the program and its process. To improve communications, the CPG initiated a new procedure in which a DPH staff person follows up with assigned mentors to make certain that they are adhering to the established mentor guidelines. The Membership, Parity, Inclusion and Representation (MPIRE) Committee has developed an evaluation tool for mentors and their mentees, which is in the review stage and will be implemented during the 2004-2005 planning cycle.

The Connecticut CPG also values ongoing community planning training for all of its members. To ensure continued training opportunities, the CPG voted to allocate funding in 2003-2004 for conferences related to community planning and HIV prevention.

The following is a list of conferences attended by members and advisors from September 2003 – October 2004:

- 2003 United States Conference on AIDS (USCA): September 18-21, New Orleans, LA (3 CPG members, 1 advisor and 1 contractor staff member attended).
- 2004 HIV Prevention Leadership Summit (HPLS): June 16-19, 2004, Atlanta, GA (6 CPG members, 1 advisor, 1 DPH staff, and 2 contractor staff members attended).

- 2004 ProVisions IX, Northeast Multicultural Conference on HIV/AIDS: October 13-15, 2004, New Haven CT (5 slots approved for members)
- 2004 United State Conference on AIDS (USCA): October 21 –24, 2004, Philadelphia, PA (two members and 0 contractor staff attended)

The CPG will continue its policy of offering members the opportunity to attend community planning-related conferences during 2005.

YOUTH AND THE CPG

Currently, the Connecticut CPG has no youth representatives. It has, however, worked closely with the Wheeler Clinic in Plainville, Connecticut, as the contractor for the DPH funded Youth Advisory Board (YAB) initiative. The YAB currently has groups in Hartford, Bridgeport, New Haven, Litchfield County and the American School for the Deaf, West Hartford. These boards provide input on HIV prevention related issues from a youth perspective for the DPH and CPG. The boards were designed to consist of the following:

- Disenfranchised youth
- Racial and ethnic minority youth
- Gay, lesbian, bi-sexual, transgender and questioning youth
- Youth who attend school and youth not currently enrolled in school.

Each youth advisory board member commits to attending bi-weekly group meetings over the course of a year. Youth advisory board members have been trained in the following areas: basic HIV/AIDS education and prevention, leadership/communication skills, public speaking and presentation skills, media literacy and critiquing skills. Representatives from each board meet monthly during the school year and have also participated at CPG meetings. The Youth Advisory Board Coordinator regularly attends CPG meetings and updates the CPG on youth advisory board activities.

At the December 17, 2003 CPG meeting, Rich Smalley, Youth Advisory Board Coordinator, and three youth advisory board members from the American School for the Deaf (ASD), West Hartford, CT updated CPG members, advisors and public participants on the HIV education and awareness project initiated by ASD students.

Students surveyed ten AIDS related agencies, one national organization, six state organizations and three community non-profit organizations to assess responses to HIV/AIDS information inquiries via TTY/TDD systems for the deaf and hard of hearing community. According to the survey report:

- Three organizations repeatedly hung-up on YAB members after hearing the TTY tone,
- Seven organizations either had TTY phone lines disconnected or were inactive, and,
- One organization responded to the YAB student's AIDS related inquiries with 80% accuracy.

ASD students expressed frustration in not being able to access HIV/AIDS information via a medium appropriate to their community. Rich Smalley also suggested that because of certain reading and comprehension challenges experienced by deaf and hard of hearing individuals, that HIV prevention materials need to be designed which are visually more graphic and less textual. He also stated that agencies, which provide TTY/TDD systems also need to be more responsive to callers and provide accurate information.

At the May 19 2004, CPG meeting, YAB Coordinator Rich Smalley presented several HIV prevention public service announcements (PSAs) created by YAB members. These announcements will air on community access cable channels featuring YAB participants in the Bridgeport area.

MEETING STRUCTURE

The CPG convenes one meeting per month in various sites throughout the state. The Parisky Group, a Hartford-based consulting firm and contractor for the CPG, coordinates all meeting logistics. Each meeting follows an agenda, approved by the Executive Committee, the governing body of the CPG ***(see Sample Agenda in Appendix A)***. Either the DPH Chair or one of the Community Co-Chairs alternates the facilitation of the meetings. Meetings are conducted using the CPG bylaws and a relaxed version of Robert's Rules of Order.
Each monthly CPG meeting is evaluated for its process and content. CPG members and advisors, as well as public participants, are all given the opportunity to evaluate the CPG meetings. The contractor prepares the monthly evaluation surveys and final reports for review by the co-chairs, Executive Committee, and MPIRE Committee. ***(For more on the Evaluation Process, see Chapter 7.)***

From October 2004 to September 2005, the CPG conducted eleven meetings. The full group met monthly with the exception of November 2003, when the CPG coordinated a two-day planning retreat for members and advisors. This retreat included workshops on the CDC Guidance, Prevention for Positives, Priority Setting, and team building. Committees also met to develop 2004 committee timelines and work plans.

In March 2003, the CPG voted to change its meeting structure in order to increase CPG membership and community participation in monthly meetings. Since most of the work of the CPG is done by the standing committees, the CPG decided to make the focus of two meetings per quarter committee-oriented. Committees meet for two hours during the morning. Members of the public are encouraged to participate in these committee meetings. At the end of the session, each committee chair then reports to the full CPG body on the activities of their respective committee. This reorganization of meeting structure has proven to be very effective in assisting the CPG to meet deadlines and committee responsibilities.

Currently, the full CPG now meets once each quarter with the balance of meetings designated to the work of committees. Quarterly full CPG meeting are designed to include mini HIV prevention presentations, technical assistance and trainings, as well as important community planning information and business. Each meeting's agenda, whether committee focused or full CPG, includes time for members of the public to address the CPG on topics or concerns related to HIV prevention. In addition, beginning February 2003 and concluding in March 2004, CPG's Priority Setting Ad-hoc Committee met for two hours following the conclusion of the monthly CPG meeting to plan and implement the priority setting process for the 2005-2008 planning cycle.

Table 1-1: DIVERSITY CHART[2]

Categories	Member Goals 30 members	Current Membership 26 Members	Number of Members needed to reach goal	Current Advisors[3] 11 Advisors
Gender				
Female	11	10	1	4
Male	17	16	1	4
Transgender	2	0		0
Race/Ethnicity				
African-Americans	9	9	0	1
Latino/as	9	8	1	1
White	10	8	2	6
Native Americans, Alaskan Native, Asian, Native Hawaiian or Pacific Islander	2	1	1	0
Age				
<24		0	0	
25-29	3	0	3	0
30-49	22	16	6	6
50+	5	10	0	2
Other				
HIV+	15	7	8	0
Gay[4]	10	4	3	2
Lesbian		3	-	0
Bisexual	-	1	-	0
Deaf and Hard of Hearing	2	1	1	0
History of Substance Use	15	12	3	2
Youth	2	0	2	0

Expertise and Agency Representation	Number of Current Members and Advisors in these roles
Local Health Dept	3
Community Representative	5
Intervention Specialist	13
State/Local Education Agency	2
Corrections Agency	2
State/Local Substance Abuse Agency	2
Faith Communities	1
Academic Institutions	0
Behavioral/Social Scientist	0
Evaluation Researcher	0
Health Planner	4
STD Expert	1
TB Expert	0
Epidemiologist	1

[2] Categories separated by bold lines are not mutually exclusive.
3 The CPG has no established goals for the number advisors the group should have. The role and responsibility of an advisor varies from that of a member.
[4] Gay and Lesbian Categories have a combined goal of 30%.

Table 1-2: CPG MEMBERSHIP COMPAIRED TO CURRENT EPIDEMIC

Connecticut CPG membership vs. the current Connecticut AIDS epidemic

CPG Membership		**AIDS Cases Diagnosed in 2002-2003**	
Gender			
Male	62%	Male	68%
Female	38%	Female	32%
Transgender	0	Transgender	Unknown
Race/Ethnicity			
White	30%	White	38%
Black	34%	Black	26%
Hispanic	30%	Hispanic	36%
Other	3%	Other	<1%
Risk Category			
MSM*	15%	MSM	14%
IDU history	26%	IDU	39%
Heterosexual	42%	Heterosexual	14%
Youth/works with youth	3%	Youth (under 24)	2%
HIV positive	26%		N/A
Region			
NW	3%	NW	1%
NC	26%	NC	30%
NE	11%	NE	2%
SW	15%	SW	23%
SC	30%	SC	30%
SE	3%	SE	4%
DOC	7%	DOC	6%

* Connecticut includes Gay Men in the definition of MSMs in this table.

Acknowledgements

The CPG would like to recognize the following individuals and groups for providing significant contributions to the CPG from October 2003 – July 2004

- **The Parisky Group**: Contractor for the CPG, coordinated and managed the community planning process.
- **Focus Group and Survey Participants:** Provided valuable information in the development of the Plan.
- **CPG DPH Co-Chair Chris Andresen:** Provided valuable leadership to the CPG and for enhancing cooperation and collaboration between DPH and the CPG
- **CPG member and Community Services Assessment Committee Co-Chair Mark Bond-Webster:** Facilitated a men's focus group at Osborn Correctional facility, an MSM focus group, and a transgender focus group.
- **Rashad Burgess, CDC Project Officer:** Attended two CPG meetings during the reporting period and prepared a workshop presentation on the CDC Guidance for the November 2003 CPG retreat.
- **CPG member Willie Castillo:** Provided key informant interview information regarding the prevention needs of Latino MSMs and co-facilitated a focus group for Latino MSMs at Hispanos Unidos, Inc. in New Haven on April 2004.
- **Debbie Cornman (former CPG member), University of Connecticut, Center for HIV intervention and Prevention (CHIP):** Developed a Resource Inventory Survey of Prevention Providers for the CPG Resource Inventory and also presented a workshop on Prevention for Positives at the November 2003 CPG Retreat.
- **Gina D'Angelo, AIDS and Chronic Diseases Division:** Presented on the Department of Public Health's Community Services Assessment at the July 2004 CPG meeting.
- **CPG member Hector Davila of the University of Connecticut Medical Adherence Program** co-facilitated and took notes during a MSM focus group in April 2004 at Latino/as Contra SIDA, Inc. in Hartford, CT.
- **Bonnie Edmondson, Connecticut Department of Education:** Presented the results of the Youth Risk Behavior Survey (YRBS) to the CPG at the March 2004 CPG meeting.
- **Julie Eiserman, Hispanic Health Council:** Presented on the Rapid Assessment, Response and Evaluation (R.A.R.E) 2003 Project in Hartford at the February 2004 CPG meeting.
- **CPG member and Community Services Assessment Committee Co-Chair, Kathey Fowler, Windham Regional Community Council:** Coordinated a transgender focus group/key interviews in January 2004.

- **CPG member and Priority Setting Ad Hoc Committee Co-Chair Brian Goodrich, University of Connecticut Correctional Managed Health Care:** Coordinated points of contact for Department of Correction focus groups at Osborn and York Correctional facilities. Brian also co-presented on the CPG's priority setting method at HPLS held June 16-19, 2004 in Atlanta, GA.
- **Jesse Grant, Brothers 4 Brothers, Community Health Services:** Provided coordination and facilitation of a Brothers 4 Brothers MSM Focus Group and key informant interview.
- **Deborah Henault, Department of Correction Addiction Services:** Coordinated security clearance and points of contact for focus groups at Osborn and York Correctional Facilities.
- **Krista Heybruck, MPH**: Served as Behavioral and Social Science Volunteer with the Priority Setting Ad Hoc Committee from July 2003 through March 2004 and presented a workshop on Priority Setting at the November 2003 CPG Retreat.
- **Lennon Hite, The Parisky Group**: Served as note taker during a men's focus group at Osborn Correctional Facility and women's focus group at York CI in February 2004. Also served as notetaker for the MSM focus group held at Hispanos Unidos, Inc. in New Haven, CT on April 14, 2004.
- **Cyndi Hyland, HIV Prevention Educator, York Correctional Facility:** Coordinated a female focus group at York Correctional Facility in March 2004.
- **Heidi Jenkins, Department of Public Health, STD Control Program:** presented information on the most recent statewide STD data at the March CPG meeting.
- **CPG Member Pam Foster:** Co Chair of the MPIRE Committee who presented on the May 6th CPG Community Day in Waterbury at the July CPG Meeting.
- **Jerimarie Liesegang, CT TransAdvocacy Coalition:** Coordinated focus groups and key informant interviews with the transgender community in Hartford.
- **Andrea Lombard, Department of Public Health,** Viral Hepatitis program: Presented an overview on Viral Hepatitis at the March CPG meeting.
- **CPG member Matthew J. Lopes, M.P.H., New Haven Health Department:**. Co-facilitated Robert's Rules of Order and Group Dynamics sessions for the October 2003 and April 2004 orientation meetings.
- **CPG member and Community Co-Chair Stephanie Lozada, Southwest Community Health Center:** Presented on HIV and Smoking Cessation Intervention at the June 2004 CPG meeting.
- **Susan Major, AIDS and Chronic Diseases Division:** Provided invaluable assistance to the Priority Setting Ad-hoc Committee during the Connecticut CPG's priority setting process. Sue also co-presented on the CPG's priority setting method at HPLS held June 16-19, 2004 in Atlanta, GA.
- **Barbara Mase, The Parisky Group:** Coordinated focus groups, conducted key informant MSM and transgender interviews, served as note-taker during an MSM focus group,

facilitated a focus group at York Correctional facility, and presented on the new CDC Guidance for Community Planning at the November 2003 CPG retreat.

- **CPG Advisor Leif Mitchell:** Co-presented on the CPG's priority setting method at HPLS held June 16-19, 2004 in Atlanta, GA.
- **CPG member Maggy Morales:** Developed and coordinated a WSW mini-survey for the Community Services Assessment Committee's Needs Assessment Process. Also distributed a transgender mini-survey that was completed on April 17, 2004 and facilitated a MSM focus group on April 26, 2004, at Latino/as Contra SIDA, Inc. in Hartford, CT.
- **Fred Morton, The Parisky Group:** Served as notetaker for an HIV positive focus group session held on May 18 at Omega House in Willimantic, CT.
- **CPG member Dennis O'Neill:** Co-facilitated Robert's Rules of Order and Group Dynamics sessions for the October 2003 and April 2004 orientation meetings and presented on the May 6th Community Day in Waterbury at the July CPG Meeting.
- **Annie Parkinson, Jest For Today:** Provided team building training at the November 2003 CPG retreat
- **Nadine Repinecz, Department of Public Health, AIDS Capacity Building and Evaluation Unit:** Presented on DPH's capacity building and evaluation efforts with contractors at the May CPG meeting.
- **Rich Smalley, Wheeler Clinic:** Updated the CPG on the activities of the Youth Advisory Board at the December 2003 and May 2004 CPG meetings.
- **Henry Smolinski, UConn Managed Care, HIV Prevention Educator, Osborn Correctional Facility**: Served as facilitator for incarcerated population focus group.
- **Janis Spurlock-McLendon, Department of Public Health, AIDS Prevention Education Services Unit:** Presented an update on the DPH's prevention efforts in the calendar year 2003 for the designated priority populations in the 2002-2004 Comprehensive HIV Prevention Plan at the May 19 CPG meeting.
- **Laura Stone, The Parisky Group:** Served as notetaker and committee facilitator of the Priority Setting Ad Hoc Committee. She was also notetaker at the CPG's town hall event at Community Day held on May 6 at Waterbury Hospital.
- **Mel Thomas**, **Brothers 4 Brothers, Community Health Services:** Provided coordination and facilitation of a Brothers 4 Brothers MSM Focus Group and key informant interview.
- **Dorine Testori, Department of Public Health:** Serves as official CPG greeter and oversees the CPG's registration desk at the monthly meetings. Also served as note taker at several MPIRE Committee meetings.

During this period the following individuals from national community planning technical assistance organizations also provided technical assistance to the Connecticut CPG:

- **Academy for Educational Development**
  Rich Thompson: Presented on AED's available technical assistance for recruitment and retention of IDUs at the December 2003 CPG meeting.